

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000005660

Entity Name: TAMPA BAY MEDICAL CENTER, LLC

Current Principal Place of Business:

5111 N ARMENIA AVENUE
TAMPA, FL 33603

Current Mailing Address:

5111 N ARMENIA AVENUE
TAMPA, FL 33603 US

FEI Number: 38-3988034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, ROLANDO MD
4614 RIDGECLIFF DRIVE
BRANDON, FL 33511 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| Title | AMBR, DIRECTOR | Title | AMBR, MANAGER |
| Name | GARCIA, ROLANDO MD | Name | GARCIA, ELIZABETH |
| Address | 5111 N ARMENIA AVENUE | Address | 5111 N ARMENIA AVENUE |
| City-State-Zip: | TAMPA FL 33603 | City-State-Zip: | TAMPA FL 33603 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROLANDO GARCIA

MD/OWNER

01/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date